

<b>MAILING ADDRESS:</b> PO BOX 2649 Harrisburg, PA 17105-2649	<b>STATE BOARD OF SOCIAL WORKERS,          MARRIAGE AND FAMILY THERAPISTS AND          PROFESSIONAL COUNSELORS</b> st-socialwork@pa.gov (717) 783-1389	<b>COURIER ADDRESS:</b> 2601 North Third Street Harrisburg, PA 17110
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## REQUEST FOR CERTIFICATION OF SUPERVISED CLINICAL EXPERIENCE

To obtain certification of your supervised clinical experience, you must complete this form and return it to the mailing address above with a \$25.00 fee, check or money order, payable to the "Commonwealth of PA." There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

If the state where you are applying for a license will accept a verification of your Pennsylvania license via our website, you may request that the licensure board download the verification at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us)

## LICENSEE INFORMATION

<b>LICENSEE'S NAME:</b>				
	Last:	First:	Middle Initial:	Maiden:
<b>LICENSE #:</b>				
<b>SOCIAL SECURITY #:</b>			<b>TELEPHONE NUMBER:</b>	
			<b>EMAIL ADDRESS:</b>	
<b>LICENSEE'S ADDRESS:</b>				
	City:		State:	Zip Code:

## MAILING INFORMATION

**PLEASE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED.**

<b>NAME:</b>
<b>STREET:</b>
<b>CITY:</b> <span style="float: right;"><b>STATE:</b></span> <span style="float: right;"><b>ZIP CODE:</b></span>

**PLEASE NOTE:** Effective May 19, 2008, Letters of Good Standing/Verifications of Licensure will only be sent to another licensing board directly from our office. These verification documents will no longer be provided to applicants. Each licensing board in the United States has been made aware of this policy.